



# Development and usability of a theory-based text-messaging intervention to support people with hearing loss when they are first prescribed hearing aids

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# 1. Background



#### The problem

 18 million people in the United Kingdom have significant long term hearing loss [1]



 355,000 adults are fitted with hearing aids each year via the National Health Service (NHS) at a cost of £131 million.

The non-use and infrequent use of NHS prescribed hearing aids is high.

#### The solution

- Text-messages are simple, convenient, requiring little effort to engage.
- Florence responds to patients in real time, providing information required to overcome common barriers exactly when they need it.

# 2. Methods



#### 1. Identifying facilitators and barriers

- Examined existing literature
- Explored via semi-structure interviews the experiences, needs and challenges of a range of adults with hearing loss (n=26)

# Intervention iteratively refined ?

# 2. Intervention co-development

- 4 co-design workshops with hearing aid users and audiologists to develop text-messages based on a 2-week (pre-hearing aid fitting) protocol and 12-week (post-hearing aid fitting) protocol.
- Draft text-message protocol was reviewed and refined by 3 hearing aid users and 3 audiologists who participated in the workshops.

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#### **Participants**

**Hearing aid users:** n= 5, 3 workshops (2 online, 1 face-to-face); aged between 37-74 years (mean: 61.75)

**Audiologists:** n=6 from across the UK, 1 workshop (online); years of professional experience 3-20 years, (mean: 12.6)

#### Research aims:

- 1. To co-create and refine the text-message content with patients and audiologists
- 2. To pilot the intervention with patients, gather in-depth feedback on the text-message content, language and framing.

#### The intervention protocol has been:

- designed in accordance with the Medical Research Council guidance for the development and evaluation of complex interventions [2]
- incorporates targeted behaviour change techniques [3] to address key barriers to the use of hearing aids when patients are first prescribed them.

#### **Participants**

Hearing aid users: n=5; aged between 23-66 years (mean: 45.2); prescribed hearing aids between 3 weeks – 6 months ago; all rated their mobile phone use as "competent".

# 3. Usability testing



- Accelerated pilot of Protocols
  1 and 2
- Completion of reflective diaries
- Participated in retrospective interviews

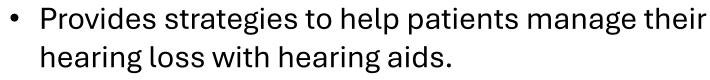
# 3. Results



#### **Stage 1 (pre-hearing aid fitting)**

- Sets realistic expectations of the benefits hearing aids can provide.
- Enables the patient to sets goals and action plans to achieve these goals.

#### Stage 2 (post-hearing aid fitting)





- Monitors goal attainment and hearing aid use.
- Signposts to existing information and additional support.

### 4. Conclusion



• Florence audiology text-message protocol was codeveloped and refined in collaboration with people who use hearing aids and audiologists.



 Florence uses behaviour change techniques to address key barriers to hearing aid use and promote the selfmanagement of hearing loss.



• If effective, result in better use of NHS resources.

### References

[1] Akeroyd, M. A., & Munro, K. J. (2024). Population estimates of the number of adults in the UK with a hearing loss updated using 2021 and 2022 census data. International Journal of Audiology, 63(9), 659–660. https://doi.org/10.1080/14992027.2024.2341956[2] Skivington K, Matthews L, Simpson S A, Craig P, Baird J, Blazeby J M et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance BMJ 2021; 374:n2061 doi:10.1136/bmj.n2061[3] Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J., Hardeman, W., Eccles, M. P., Cane, J., & Wood, C. E. (2013). The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. *Annals of behavioral medicine: a publication of the Society of Behavioral Medicine*, 46(1), 81–95. https://doi.org/10.1007/s12160-013-9486-6

